

**APPLICATION DATA SHEET****Application Information**

APPLICATION NUMBER::

FILING DATE::

APPLICATION TYPE:: Regular

SUBJECT MATTER:: Utility

SUGGESTED CLASSIFICATION::

SUGGESTED GROUP ART UNIT::

CD-ROM OR CD-R?:: None

NUMBER OF CD DISKS::

NUMBER OF COPIES OF CDS::

SEQUENCE SUBMISSION?:: No

COMPUTER READABLE FORM  
(CRF)?:: No

NUMBER OF COPIES OF CRF::

TITLE :: FIFTH WHEEL MOUNTING FRAME

ATTORNEY DOCKET NUMBER:: 59126-4

REQUEST FOR EARLY  
PUBLICATION?:: NoREQUEST FOR NON-  
PUBLICATION?:: No

SUGGESTED DRAWING FIGURE::

TOTAL DRAWING SHEETS:: 17

SMALL ENTITY?:: Yes

PETITION INCLUDED?:: No

PETITION TYPE::

LICENSED U.S. GOV'T AGENCY:: No

CONTRACT OR GRANT NO::

SECURITY ORDER IN PARENT  
APPL.?:: No

**First Applicant Information**

APPLICANT AUTHORITY TYPE:: Inventor  
PRIMARY CITIZENSHIP COUNTRY:: US  
STATUS:: Full Capacity  
GIVEN NAME:: Stanley  
MIDDLE NAME:: E.  
FAMILY NAME:: Zackovich  
NAME SUFFIX::  
CITY OF RESIDENCE:: Cle Elum  
STATE OR PROVINCE OF RESIDENCE:: WA  
COUNTRY OF RESIDENCE:: US  
STREET OF MAILING ADDRESS:: 409 Floral Avenue  
CITY OF MAILING ADDRESS:: Cle Elum  
STATE OR PROVINCE OF MAILING ADDRESS:: WA  
COUNTRY OF MAILING ADDRESS:: US  
POSTAL OR ZIP CODE OF MAILING ADDRESS:: 98922

**Second Applicant Information**

APPLICANT AUTHORITY TYPE:: Inventor  
PRIMARY CITIZENSHIP COUNTRY:: US  
STATUS:: Full Capacity  
GIVEN NAME:: David  
MIDDLE NAME:: B.  
FAMILY NAME:: Stine  
NAME SUFFIX::  
CITY OF RESIDENCE:: South Cle Elum

STATE OR PROVINCE OF RESIDENCE:: WA  
COUNTRY OF RESIDENCE:: US  
STREET OF MAILING ADDRESS:: 409 Cleveland Avenue  
CITY OF MAILING ADDRESS:: South Cle Elum  
STATE OR PROVINCE OF MAILING ADDRESS:: WA  
COUNTRY OF MAILING ADDRESS:: US  
POSTAL OR ZIP CODE OF MAILING ADDRESS:: 98943

**Correspondence Information**

CORRESPONDENCE CUSTOMER NUMBER:: 22504

**Representative Information**

REPRESENTATIVE CUSTOMER NUMBER::		22504
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**Domestic Priority Information**

APPLICATION ::	CONTINUITY TYPE::	PARENT APPLICATION::	PARENT FILING DATE::

**Foreign Priority Information**

COUNTRY::	APPLICATION NUMBER::	FILING DATE::	PRIORITY CLAIMED::

**Assignee Information**

ASSIGNEE NAME::	Zacklift International, Inc.
STREET OF MAILING ADDRESS::	1102 E. 1st Street
CITY OF MAILING ADDRESS::	Cle Elum
STATE OR PROVINCE OF MAILING ADDRESS::	WA
COUNTRY OF MAILING ADDRESS::	US
POSTAL OR ZIP CODE OF MAILING ADDRESS::	98922